

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		1				
9	1					
10	1					
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17	1					
18	1	1				
19	1					
20		1				
21		3				
22		3				
23		3				
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38		3				
39		3				
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49						
50						
TOTAL IND.	6					
TOTAL DEP.						
TOTAL CLAIMS	6					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

252